

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act.



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE PROGRAM  
P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102  
(314) 751-3176

NOTE: Return completed forms to the address above.

RECEIVED

SEP 10 1996

DATE RECEIVED  
FOR OFFICIAL USE ONLY

AUG 21 1996

031874

IRSP. BRANCH HAZARDOUS WASTE PROGRAM

# NOTIFICATION OF REGULATED WASTE ACTIVITY

<input type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number MO P 0000007385	
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II. Name of Installation (Include company and specific site name)

RAMADA INN

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

4016 FREDERICK BLVD

Street (Continued)

City or Town

ST JOSEPH

State ZIP Code

MO 64506

County Code County Name

021 BUCHANAN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last) (first)

BRYANT CHRISTOPHER

Job Title

GENERAL MGR

Phone Number (area code and number)

816-233-6192

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing B. Street or P.O. Box

☒ ☒

City or Town

State ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JOHN HANCOCK MUTUAL LIFE INS

Street, P.O. Box, or Route Number

200 CLARENDON ST PO BOX 111

City or Town

BOSTON

State ZIP Code

MA 02117-0111

Phone Number (area code and number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year

617-572-3828 P P Yes No

MO 780-1164 (11-93) EPA 8700-12/MDNR HWG-1

MANAGED BY 4243 HUNT ROAD CINCINNATI OHIO

RCRIS data entered

BY JEB

ON 9/17/96



R00035549

RCRA Records Center



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GSA No. 0246-EPA-OT

ID — For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

**A. Hazardous Waste Activity**

**1. Generator (See Instructions)**

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

**2. Transporter (Indicate Mode in boxes 1-5 below)**

- ☐ a. For own waste only  
☐ b. For commercial purposes

**Mode of Transportation**

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

**3. Treater, Storer, Disposer (at installation)**  
Note: A permit is required for this activity; see instructions.

**4. Hazardous Waste Fuel**

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractory  
☐ 2. Small Quantity Exemption

**Type of Combustion Device(s)**

- Utility Boiler  
Industrial Boiler  
Industrial Furnace  
and Injection Control

**B. Used Oil Fuel Activities**

- 1. Off-Specification Used Oil Fuel**  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Burner - Indicate device(s) -

**Type of Combustion Device**

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

- 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification**  
☐

**IX. Description of Regulated Waste**

**A. Characteristics of Nonlisted Hazardous Wastes**  
your installation handles.

**1. Ignitable**  
(D001)

**2. Corrosive**  
(D002)

**3. Reactive**  
(D003)

**4. Toxicity**  
Characteristic  
(D000)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)**

1	2	3	4	5	6
7	8	9	10	11	12

**C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)**

1	2	3	4	5	6

**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

DATE SIGNED

**XI. Missouri Required Information**

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)

S.I.C. CODE

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

**XII. Comments**

TEMPORARY PERMIT - ONE TIME ONLY

Note: Mail completed form to the MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM.

STATE OF MISSOURI  
DEPARTMENT OF NATURAL RESOURCES

Mel Carnahan, Governor • David A. Shott, Director

DIVISION OF ENVIRONMENTAL QUALITY  
P.O. Box 176 Jefferson City, MO 65102-0176

September 03, 1996

CHRISTOPHER BRYANT  
RAMADA INN  
4016 FREDERICK BLVD  
ST JOSEPH, MO 64506

Re: Acknowledgment of Temporary ID Numbers For Hazardous Waste Activity

Dear Generator:

This is to acknowledge that you have been assigned temporary provisional ID numbers for the installation located at the address shown below. The temporary ID numbers will be effective for thirty (30) days. One extension of thirty (30) days can be given upon receipt of a written request, if the regulation accumulation time will not be exceeded.

Installation Name....RAMADA INN

Site Address.....4016 FREDERICK BLVD  
ST JOSEPH, MO 64506

Missouri Temporary

ID Number.....031874

Expires.....September 30, 1996

EPA Temporary

ID Number.....MOP000007385

Expires.....September 30, 1996

Sincerely,

HAZARDOUS WASTE PROGRAM



David Lamb  
Environmental Specialist  
Budget & Planning Section

DL:lh

Enclosure: Required reporting form

c: EPA Region VII





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r inch) in the unshaded areas only.

REC

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GSA No. 0246-EPA-01

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MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE PROGRAM  
P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102  
(314) 751-3176

SEP 10 1996

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AUG 21 1996

031874

NOTE: Return completed forms to the address above.

BSP. BRANCH

HAZARDOUS WASTE PROGRAM

## NOTIFICATION OF REGULATED WASTE ACTIVITY

MISSOURI DEPARTMENT OF  
NATURAL RESOURCES

I.	<input type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete Item C)	C. Installation's EPA ID Number
			MO P 00000007385

## II. Name of Installation (Include company and specific site name)

RAMADA INN

## III. Location of Installation (Physical address not P.O. Box or Route Number)

## Street

4016 FREDERICK BLVD

## Street (Continued)

## City or Town

ST JOSEPH

## State

## ZIP Code

MO 64506

## County Code

## County Name

BUCHANAN

## IV. Installation Mailing Address (See Instructions)

## Street or P.O. Box

SAME

## City or Town

## State

## ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

## Name (last)

BRYANT

## (first)

CHRISTOPHER

## Job Title

GENERAL MGR

## Phone Number (area code and number)

816-233-6192

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

## B. Street or P.O. Box

## City or Town

## State

## ZIP Code

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

JOHN HANCOCK MUTUAL LIFE INS

## Street, P.O. Box, or Route Number

200 CLARENDON ST PO BOX 111

## City or Town

BOSTON

## State

## ZIP Code

MA 02117-0111

## Phone Number (area code and number)

617-572-3828

## B. Land Type

P/P

## C. Owner Type

P

## D. Change of Owner

## Indicator

Yes

No

## Month

## Day

## Year

## (Date Changed)

CONTINUE ON REVERSE

ID — For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

- ☐ 1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
- ☐ 2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Type of Combustion Device(s)
- ☐ Utility Boiler
- ☐ Industrial Boiler
- ☐ Industrial Furnace
- ☐ and Injection Control

## B. Used Oil Fuel Activities

- ☐ 1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - Indicate device(s) -
- Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Waste

## A. Characteristics of Nonlisted Hazardous Waste (Mark 'X' in the appropriate boxes corresponding to the characteristics of nonlisted hazardous wastes)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

DATE SIGNED

CHRISTOPHER R. BRYANT - GENERAL MGR

8-19-96

## XI. Missouri Required Information

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)

S.I.C. CODE

7011

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

## XII. Comments

TEMPORARY PERMIT - ONE TIME ONLY

Note: Mail completed form to the MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM.



STATE OF MISSOURI  
OFFICE INFORMATION MEMO

DATE 8-26-96		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
TO File	DEPARTMENT OR DIVISION	
FROM David Lamb	DEPARTMENT OR COMPANY HWP-BdP	
PHONE NO	RECEIVED BY	
<input type="checkbox"/> Called/was here to see you <input type="checkbox"/> Wants to see you <input type="checkbox"/> Will call again <input type="checkbox"/> Wants you to call <input type="checkbox"/> URGENT <input type="checkbox"/> Returned your call <input type="checkbox"/> Prepare for my signature <input type="checkbox"/> For your information <input type="checkbox"/> Review <input type="checkbox"/> Take necessary action <input type="checkbox"/> For your signature <input type="checkbox"/> As requested		
REMARKS/MESSAGES  Per Christopher Bryant of Ramada, they have a conditionally exempt quantity of Mercury (0009).  		